

Two-Year Experience Implementing a Curriculum to Improve Residents' Patient-Centered Communication Skills

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OBJECTIVES: Surgery milestones from The Accreditation Council for Graduate Medical Education have encouraged a focus on training and assessment of residents' nontechnical skills, including communication. We describe our 2-year experience implementing a simulation-based curriculum, results of annual communication performance assessments, and resident evaluations.

DESIGN: Eight quarterly modules were conducted on various communication topics. Former patient volunteers served as simulation participants (SP) who completed annual assessments using the Communication Assessment Tool (CAT). During these 2 modules, communication skills were assessed in the following standardized scenarios: (1) delivering bad news to a caregiver of a patient with postoperative intracerebral hemorrhage and (2) primary care gallstone referral with contraindications for cholecystectomy. SP-CAT ratings were evaluated for correlations by individual and associations with trainee and SP characteristics. Surgical patient experience surveys are evaluated during the curriculum.

SETTING: Independent academic medical center surgical simulation center.

PARTICIPANTS: Twenty-five surgery residents per year in 2015 to 2017.

RESULTS: Residents have practiced skills in a variety of scenarios including bad news delivery, medical error disclosure,

empathic communication, and end-of-life conversations. Residents report positive learning experiences from the curriculum (90% graded all modules A/A+). Confidence ratings rose following each module ($p < 0.001$) and in the second year ($p < 0.001$). Annual assessments yielded insights into skills level, and relationships to resident confidence levels and traits. Communication scores were not associated with resident gender or postgraduate year. Over the course of the curriculum implementation, surgical patients have reported that doctors provided explanations with improved clarity ($p = 0.042$).

CONCLUSIONS: The simulation-based SP-CAT has shown initial evidence of usability, content validity, relationships to observed communication behaviors and residents' skills confidence. Evaluations of different scenarios may not be correlated for individuals over time. The communication curriculum paralleled improvements in patient experience concerning surgeons' clear explanations. An ongoing surgery resident communication curriculum has numerous educational, assessment, and institutional benefits. (J Surg Ed ■■■■■. © 2017 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

KEY WORDS: curriculum, health communication, simulation training, truth disclosure, educational measurement

COMPETENCIES: Interpersonal and Communication Skills, Professionalism

INTRODUCTION

Surgeons must demonstrate effective patient-centered communication to deliver high-quality care.¹ The practice of

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surgery requires customizing communication strategies to varied and complex situations. Surgical procedures are often associated with high risks of morbidity and mortality, and surgeons must provide information to help patients make choices after weighing pros and cons of different alternatives.² Although surgical patient-reported health outcomes and satisfaction are independently related to perceptions of their surgeons' empathic abilities,^{3,4} a systematic review revealed that surgeons spend most of patient communication time educating and helping patients make choices, while rarely exploring emotional concerns.⁵ Empathy expression and supporting informed decision making were areas for potential improvement.⁶

In surgical education, communication skills have received increased attention with the introduction of quantifiable surgery milestones from The Accreditation Council for Graduate Medical Education (ACGME).⁶ The milestones require assessment of surgical trainees' nontechnical skills, creating challenges for many residency program directors as they strive to evaluate residents' communication proficiency. In 2015 our general surgery residency program implemented a simulation-based communication curriculum using assessment tools previously tested and developed for patient use.^{7,8} The Communication Assessment Tool (CAT)⁹ completed by former-patient simulation participants (SPs) in our first year provided initial validation evidence, including content validity, correlation with observed behaviors, and relationships to residents' self-reported emotional traits.⁷ The purpose of this study was to describe our 2-year experience implementing the curriculum to improve residents' patient-centered communication skills.

METHODS

Implementation

The Human Subjects Protection Program at Inova Health System approved the research as an exempt study of standard educational practices. As previously described,⁸ residents participated in quarterly communication modules and completed confidence evaluations for module-specific objectives. In addition, residents participated in an annual standardized simulation assessment in which SPs completed CAT ratings and residents completed confidence ratings on the individual CAT items. Residents also reported Likert-scale agreement with the statement "Communication skills can be learned and improved with practice" (1—strongly disagree to 5—strongly agree). During the assessment day, half of the learners engaged in classroom discussion about Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys, while the other half completed scenarios and peer observations in 6 simultaneously occurring communication stations. Residents observing peers during their first round changed stations to complete the

scenario with a different SP during their second round; those who first engaged in the scenario observed the same station for their second round. The groups then changed positions between the classroom session and scenarios. Scenarios were video recorded.

During the communication scenario, residents engaged with SPs for 10 minutes followed by SPs completing the CAT and providing feedback to the resident. At the end of the exercise when each resident had practiced the scenario, all participants (trainees and SPs) debriefed collectively for 45 minutes, led by a clinical social worker and trauma counselor with training in patient-centered communication strategies. Finally, residents reported postscenario confidence for individual CAT items and agreement with the statement "Communication skills can be learned and improved with practice." Residents assigned each curriculum module a letter grade from A+ through F.

Skills Assessment

SPs used the Communication Assessment Tool (CAT)⁹ to provide assessment of residents' communication skills. The CAT consists of 14 physician-specific items and was designed to capture patients' perceptions of physicians' interpersonal communication skills. SPs score the resident from 1 = poor to 5 = excellent (total range: 14-70). The CAT has demonstrated high internal consistency, content, and construct validity for patient interactions and has been field tested across numerous physician specialties.⁹ In 2009, the ACGME Advisory Committee recommended the CAT for inclusion in the ACGME Toolbox.¹⁰

Simulation Scenarios

Scenarios were intended to simulate difficult conversations, adapted from Objective Structured Clinical Examinations available from MedEdPortal.org.¹¹ Scenarios were vetted by the program director, social workers, and the Trauma Survivors Network (TSN) Coordinator¹² for appropriateness, and revised as needed to fit the hospital system. The nonassessment curriculum modules included classroom discussion and a practice simulation scenario, often completed by only a subset of residents. All residents completed the annual assessment scenario.

The 2015 annual assessment scenario concerned a 91-year-old woman admitted with bowel obstruction. On postoperative day 4 after adhesiolysis and reduction of small bowel volvulus, she was found unresponsive, and a massive intracerebral hemorrhage was indicated by CT. The resident explained to the SP family member that she is not likely to survive over the next several days because of the risk of swelling and brain stem herniation, and neurosurgical intervention is not likely to be helpful. The objectives were to give the family member an update and discuss the plan of care.

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